

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20868

State File No. _____
Registrar's No. 92

Registration District No. 135 Primary Registration District No. 5194

17
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town W. Hill, Mo
(c) Name of hospital or institution: Rural Dewett TP 1
(d) Length of stay: In hospital or institution _____ years, months or days
In this community _____ years, months or days

3. (a) PRINT FULL NAME Dennis J. Bailey
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife Opal B. Bailey 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3 6 1943
(Month) (Day) (Year)

8. AGE: Years 39 Months 3 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Carroll Mo. (City, town, or county) (State or foreign country)
10. Usual occupation School Teacher

11. Industry or business _____
12. Name Charles B. Bailey
13. Birthplace Macon Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Effie Helton
15. Birthplace Macon Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Opal B. Bailey
(b) Address Dewett Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Burns Cen

18. (a) Signature of funeral director Willa Marshall
(b) Address Carroll Mo

19. (a) 6-27-42 (Date received local registrar) (b) Mrs James Rafferty (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll
(c) City or town Rural Dewett TP 1 (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 26 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
No Medical Attendance 19____
that I last saw him Carroll Mo. and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to death occurred

Due to instantly after attack
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 94
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Dr. Everett P. Smith D.O. J. J. Jones (M. D. or other)
Address Carroll Co, Tins, Mo Date signed 6/27/42

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

861 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-13-42

ST-1
2013
1942

JUL 22 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carroll Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.